

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015498

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1954

FILED APR 20 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas CityLength of stay in 1b  
15yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Queen of World Hospital

Inside Limits  
☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Jackson

c. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
3932 ClevelandReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Eunice

Middle P.

Last Swinney

4. DATE  
OF  
DEATH

Month 4

Day 5

Year 62

5. SEX  
Female6. COLOR OR RACE  
Negro7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2-19-19189. AGE (last birthday)  
44IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Dietary Supervisor

10b. KIND OF BUSINESS OR INDUSTRY  
Menorah Hosp.11. BIRTHPLACE (City and state or country)  
Edwardsville, Ill.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Earl Smith

13b. MOTHER'S MAIDEN NAME

Josephine Robinson

14. NAME OF HUSBAND OR WIFE

Luke Swinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)16. SOCIAL SECURITY NO.  
(If yes, give war or dates of service)17. INFORMANT  
Luke Swinney 3932 Cleveland18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adenocarcinoma of kidney

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/9/62  
11:50 p

4/5/62

and last saw her alive on

4/5/62

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. B. Brady M.D.

22b. ADDRESS

3039 Brooklyne

22c. DATE SIGNED

4/7/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

removal

23b. DATE  
4-9-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Edwardsville, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th Benton

25. DATE RECD. BY LOCAL REG.

4-7-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1801 Benton

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.